

WOUNDED WARRIOR REGIMENT



**RESERVE MEDICAL ENTITLEMENTS
DETERMINATION (RMED) SECTION**

AUGUST 2012

UNCLASSIFIED



RMED PROGRAMS

- **Medical Hold Program**

- Reservists on AD > 30 days who must be retained beyond their EAS/ECC for medical treatment.

- **Line of Duty (LOD) Benefit** (*previously known as "Notice of Eligibility;" Doesn't mean LOD Investigation required*)

- Reservists injured at drill weekend, annual training or on active duty 30 days or less.
- Reservists on AD >30 days who demobilize but need care for ailments caused or directly aggravated by military service

- Med Hold eligible but opts to demobilize



What is DM MCMEDS?

- **Drill Manager Marine Corps Medical Entitlements Data System**
- *Web enabled application used to submit, update, and track medical hold and LOD cases.*
 - *All units are required to have CO/I&I, Admin Rep /Limited Duty Coordinator and Medical Representative registered.*
 - **Recommend four users be registered for each unit**
- **Unit** (i.e. Admin Rep/LDC) is responsible to keep user group up to date in MCMEDS.
- **Member** is responsible for ensuring required medical documentation is provided to unit (unless incapable to do so) for submission to RMED via MCMEDS.



DM MCMEDS User Roles

- **Case Administrator (LDC, MDR, Alternate)** – Generates LOD and Med Hold requests for individual Marines and submits them for review.
- **Case Reviewer (CO/OIC, I-I)** – Performs unit level review of LOD and Med Hold requests prior to submission for approval.

In order to submit the case to RMED, the case administrator and reviewer must process the case.



DM MCMEDS Support

- *Drill Manager Support Desk*

Hours: 0700-2100 EST, 7 days a week

Email: dm.support@inforeliance.com

Phone: 866-944-9881 (Option 1)

Fax: 703-445-9886

- *MCMEDS user manual is available in the **Help** section*



Limited Duty Coordinator (LDC)

- *Limited Duty Coordinator (LDC)*
 - *Every command required to have LDC (SNCO or above) assigned in writing, per **MCO P1900.16F chap 8, PARA 8506.1B***
- *LDC responsibilities:*
 - *LDC is responsible to assist and manage cases in MCMEDS from start to finish to include monthly updates, extensions and INCAP pay requests (when applicable).*



Medical Hold Authority

- **MARADMIN 259/04**
 - *Commands must request authority to extend activated Reservists beyond their EAS/ECC for medical treatment.*
- **Medical Hold requests**
 - *Submitted at least 30-45 days before original EAS/ECC via MCMEDS to RMED for review.*
 - *Final authority for extending reservists is CO, WWR.*
 - *If Marine's EAS/ECC has expired - must submit for LOD benefits.*



Medical hold review process

- ***RMED REVIEWS CASE AND MAKE ONE OF THE FOLLOWING DECISIONS:***
 - *may approve for Med Hold*
 - *refer case to MEB/PEB*
 - *recommend member pursue LOD benefits*
 - *returned for edits to obtain more information/documentation*
 - *disapprove request (i.e. not an unfitting condition, unsubstantiated claim, pre-existing condition)*
 - *Note: MCMEDS may return request & updates "returned for edits" because submitted as wrong type of submission or not meeting criteria. Read comments as to why rejected.*



Medical hold administrative notes

- *If EAS/ECC extension is needed to complete case review, RMED will grant an interim extension ("Medical Extension") up to 60 days, if needed. The owning unit will run COFG M for the EAS and a "hard date" for the ECC. The ECC will match the expiration date in MCMEDS.*
- *The COFG M will remain in MCTFS once Limited Duty (LIMDU) has been authorized and Medical Hold is approved. (**Note: LIMDU does NOT equal Medical Hold approval**)*
- *Units will follow up by contacting and coordinating with the appropriate Command (i.e. MFR, MobCom, MMFA) to update mobilization orders to reflect new ECC*



Medical hold case management

- *Once Med Hold is approved*
 - *Monthly medical updates MUST be submitted to RMED via MCMEDS.*
 - *Unit maintains contact with RMED, who will assist with case management.*
 - *Extension requests must be submitted to RMED via MCMEDS at least 30 days before approved MCMEDS expiration date.*
 - *Cases with conditions unlikely to return FFD in 6-12 months, or on LIMDU 12 months w/o resolution go to Physical Evaluation Board (PEB)*



Medical hold case management (cont.)

- *If PEB finds FIT*
 - *Member demobilized with 10-20 days for out processing*
- *If found "FIT" with an expired RECC*
 - *Use command auth for 3 mo extension of RECC*
 - *Submit extension/reenlistment request in TFRS*
- *If PEB finds UNFIT*
 - *CMC (MMSR-4) determines new EAS/ECC*
 - *MMSR-4 (not unit) runs EAS/ECC*
 - *Unit is notified of EAS/ECC on Diary Feedback Report (DFR)*
 - *Same date will become new RECC*
 - *DFR IS ALSO THE SEPARATION AUTHORITY!*
 - *Cross reference authorization number from DFR with appx A of MARCORSEPSMAN to find Separation Program Designator (SPD) code*



Medical hold guidance

- *Reservists who choose not to stay on medical hold will sign a page 11 entry. Example of page 11 entry can be found in the forms section of MCMEDS.*
- *Court martial/admin sep (for misconduct) takes precedence over med hold*



TAMP versus LOD

- ***Transition Assistance Management Program***
 - *allows reservists activated > 30 days in support of contingency operations to receive medical services through TRICARE for 180 days after demobilization*
- *Members with service incurred medical issues that may linger beyond the 180 day TAMP benefit will need to request LOD benefits.*
- *Members with service incurred medical issues that will require a disability evaluation or Incapacitation Pay should request LOD Benefits.*



Who is eligible for LOD benefits?

- *Reservists injured in the line of duty while performing IDT, AT or ADOS for 30 days or less.*
- *If on active duty orders for 31 days or more, Reservist with service incurred injuries or ailments may elect to be released from active duty and apply for LOD benefits.*
- *Officer Candidates also rate LOD benefits.*
 - *Injuries incurred due to misconduct are considered "not in the line of duty."*



What do LOD benefits cover?

- *Medical treatment at the nearest MTF if within 50 miles*
 - *Authorization to see civilian providers must be pre-approved by Military Medical Support Office (MMSO), Great Lakes, IL*
- *Incapacitation Pay (if eligible)*



Medical treatment guidance

- ***Priority of care: Military Treatment Facility (MTF), VA Hospital, Civilian Healthcare Provider.***
- ***A Reservist cannot receive treatment at an MTF without an approval letter generated by MCMEDS.***
- ***MMSO 1-888-647-6676 will not reimburse for medical care not pre-authorized and covered by the LOD.***
- ***Medical care is **ONLY** authorized for injuries listed on the LOD. All other care will be paid for at the member's expense.***



LOD Requests

- *The member is responsible to report an injury **AS SOON AS** it is incurred.*
- *Unit is to submit a request for LOD benefits via MCMEDS 7-10 working days of the reservist completing duty.*
- *If the request is not submitted in this timeframe, a letter from the CO explaining the delay must be provided.*



Injuries incurred on AT

- *Members who incur injuries while performing AT will **not** have AT orders extended for medical treatment unless hospitalized beyond the orders end date. **If hospitalized beyond the AT orders end date, ADOS medical hold orders will be authorized by RMED.***
- *Hospitalized reservists will only have ADOS medical hold orders extended to the date of discharge from hospital or return to HTC, if not the same.*
- *If follow-up care is required, LOD benefits must be requested in MCMEDS upon member's return to HTC.*



Reservists injured at School

- *Entry level reservists injured at MOS school/SOI will be retained on active duty at the school site.*
- *Command must contact Reserve Affairs Planning (RAP), Entry Level Training Assignments (ELTA) branch for proper extension of orders.*
- *Reservist attending refresher training will be released from active duty and returned to HTC, command should request LOD benefits via MCMEDS.*



Incapacitation Pay

- *Not Automatic-must be requested*
- *Documentation required*
 - **Medical documentation from the period being requested**
 - **Employer/Unemployed Member Certification**
 - **Pay stub verifying loss of civilian income**
- *In no case will a member be paid more than they would have earned if they had been on active duty for the same period*



37 U.S.C. 204(h) Drilling LOD

- *Member must attend HOME SITE drill and HOME SITE AT unless restricted by a military medical officer.*
- *Member may not be mobilized.*
- *Member is entitled to a **reimbursement** of lost civilian income, no greater than full pay and allowances.*
- *Members who are unemployed at the time of service incurred illness, injury, or disease are **NOT** eligible for incapacitation pay.*



37 U.S.C. 204(g) Non Drilling LOD

- *Under this law, the member cannot attend drills or be ordered to active duty.*
- *Member may not be mobilized.*
- *Incapacitation pay equals pay and allowances of member's grade and TIS, minus any civilian income earned during the requested period.*
 - *204(g) pay is authorized by RMED when member is placed in a convalescent leave status following surgery, inpatient status or Sick In Quarters.*



Extensions of Incapacitation Pay

- *IAW SECNAVINST 1770.3D, CMC can only authorize incapacitation pay up to 6 months. RMED must be provided medical substantiation of inability to perform work in addition to employer validation of work limitations.*
- *Extension of INCAP pay greater than 6 months must be requested from DASN (RA).*
 - *Completed board (or doctor's note stating why board will not be done at that time) is required to extend incapacitation pay*

**Medical treatment does not expire until the member is returned to full duty or discharged through IDES.*



Return to Full Duty

- *NAVMED 6100/6 - Return to full duty form*
- *Doctor's note*
 - ***Marine was fit (SOME DATE IN THE PAST)***
 - ***Marine is fit TODAY***
 - ***Marine will be fit TOMORROW***
 - ***Cannot be any future date other than TOMORROW***
- *Doctor's note CANNOT list any restrictions*
- *MEB or PEB may find Marine fit*
- *Mbr may waive LOD benefits via pg.11 entry*
 - *If Marine stops going to their appointments, it IS NOT ASSUMED that they have been returned to duty.*



Medical Boards

- *For Marines in receipt of Line of Duty (LOD) benefits, a Medical Evaluation Board (MEB) must be initiated if condition is not or WILL NOT be resolved within 90 days.*
- *For Marines on medical hold orders, they must be referred to the Medical Evaluation Board (MEB) after two periods of limited duty.*



Medical Boards (cont.)

- *For **Disability Evaluations**, members are processed in the Department of Defense (DoD)- Veterans Affairs (VA) Integrated Disability Evaluation System (IDES)*

**Updates via MCMEDS are still required every 30 days (SF600's are authorized to update cases pending MEB/PEB)*



Monthly update requirements

- *Detailed recent treatment*
- *Planned interventions in upcoming month*
- *Prognosis of the injury/illness/disease*



VA Disability Benefits

MCTFSPRIM par 40508

- *Reserve members with prior military service who are receiving VA benefits or retired/retainer pay as the result of military service are required to waive either Reserve pay and allowances or those benefits when performing AD/IDT.*
- **VA Form 21-8951**



VA Disability Benefits (cont.)

- *Not an automatic separation*
- *If disability from a service incurred injury becomes a participation issue, request LOD benefits*
- *Immediate Med Board*
- *PEB makes final determination*
 - *MEB/PEB vice NPQ/TNPQ retention pkg for service incurred conditions*



Medical Hold References

- *MARADMIN 257/03*
- *MARADMIN 259/04*
- *MARADMIN 472/09*
- *Manual of the Med Dept (Chap 18)*
- *MCO P1900.16F (Chap 8)*
- *MCO 6320.2E (Hospitalized Marines)*



LOD References

10 U.S.C. Sect 1074 Chapter 55

Defines all benefits to medical and dental care for Reservists

37 U.S.C. Sect 204

Defines benefit to incapacitation pay for injured Reservists

DoD Directive 1241.1

Establishes policy, assigns responsibilities, and prescribes procedures on entitlement to medical treatment and incapacitation pay to members of the Reserve components of all services.

DoD Instruction 1241.2

More precisely defines policy, responsibilities, and procedures of DoD Directive 1241.1

SECNAVINST 1770.3D

The Navy's LOD order

MCO 1770.2A



RECURRING PROGRAM ISSUES

- Please allow time for a turn around on your request (Marine/Sailor training requirements also required for RMED staff)
- If something is returned for edits please read the MCMEDS comments prior to calling
- Monthly updates means every month



Case assistance

- Please refer to the forms section of *MCMEDS*. *Examples of all required medical hold and LOD specific documentation can be found here.*
- *This section is regularly updated to assist units with their case management responsibilities.*



Points of Contact

RMED

**Mr. Mark T. Brokaw, Supervisor
(703) 432-1868**

**CDR Samuel D. Critides, Senior Medical
Officer
(703) 784-0300**

**GySgt Jack S. Allen, Admin Chief
(703) 432-1867**



Points of Contact cont.

Administration

**SSgt Juan F. Jimenez, LOD SNCOIC
(703) 432-2585**

MCMEDS HELP DESK

**Cpl Rashad B. Humphries
(703) 432-1843 or (703) 784-0300**

**LCpl Felix D. Batista
(703) 432-1908**



Points of Contact cont.

Medical

**HMC (FMF) Crystal D. Hill, Medical CIC
(703) 432-1859**

**HM1 Elizabeth M. Smith
(703) 432-1860**

**HM2 (FMF) Andrew W. Boehmer
(703) 432- 2578**

**HM2 (FMF) Victoria L. Johansen
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**HM3 Esaul Molina
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Points of Contact cont.

Disability Evaluation System Liaison Officer

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Questions?